STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2787AGC	A. BUILDING _____ B. WING _____	05/05/2009

RECEIVED
MAY 15 2009
BUREAU OF HEALTHCARE QUALITY AND CERTIFICATION
LAS VEGAS, NEVADA

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS CARE HOME	5125 MEADOWS LILLY AVE LAS VEGAS, NV 89108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on May 5, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.	Y 000	Acceptable POC Y105 5/19/09 D Seegmiller (Ms Seegmiller) - per our conversation on 5/6/09; employee #3 needed FBI result in chart; employee #3's background check was mailed 3/17/09; see attachment Y105; STATE result in chart; FBI result is pending; was told by dept of safety that FBI will take at least 10 weeks to come in. - will continue to monitor of FBI results arrival + will be placed in chart; file will be updated as required. - administrator will monitor compliance. - 5/6/09	
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This RULE: is not met as evidenced by: Based on record review on 5/5/09, the facility failed to ensure 1 of 3 caregivers met background check requirements (Employee #3).	Y 105		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: D. Werner (administrator) | TITLE | (X6) DATE: 5/15/09

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Y 105	Continued From Page 1 This was a repeat deficiency from the 7/3/08 State Licensure survey. Severity: 2 Scope: 1	Y 105		
Y 830 SS=D	WAIVERS 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. This RULE: is not met as evidenced by: Based on observation and record review on 5/5/09, the facility failed to request a hospice waiver for 1 of 4 residents (Resident #4). Severity: 2 Scope: 1	Y 830	Y 830 - resident # 4's hospice waivers forms provided; communications done c hospice personnels related to documents needed, see attachments Y 830 - waiver forms to retain a resident will be done in a timely manner from now on; facility members aware of these forms. - administrator will monitor compliance. - 5/15/09	
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after	Y 859		

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Y 859	Continued From Page 2 admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This RULE: is not met as evidenced by: Based on record review on 5/5/09, the facility failed to ensure that 1 of 4 residents received an annual physical (Resident #4). Severity: 2 Scope: 1	Y 859	Y859 - resident #4 was seen by PCP in Sept. of '08; see attachment Y859; records obtained & placed in resident's chart - Annual physical exam by MD will be done annually & have records available in chart; records will be checked by facility every 6 months. - administrator will monitor compliance. - 5/6/09	
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This RULE: is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was notified for missed medications for 1 of 4 residents ((Resident #4). Severity: 2 Scope: 1	Y 883	Y883 - resident #4 medication (metoprolol) was listed as not available as noted in MAR; family & hospice nurse aware of this; see notes & attachment Tag Y883; over→	

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Y 923	Continued From Page 3	Y 923	Y883 continous → order obtained to D/C metoprolol; see attachment tag Y883 - any future missed/refusal medications will be reported directly to MD by the facility, informed care givers to report to PCP ☐ in 12 hours & to let administrator aware. - administrator will monitor compliance. - 5/15/09	
Y 923 SS=F	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered. This RULE: is not met as evidenced by: Based on observation on 5/5/09, the facility failed to keep medications belonging to 4 of 4 residents in their original container (Resident #1, #2, #3 and #4). Severity: 2 Scope: 3	Y 923	Y923 all four residents medication were in its original containers, some of these pills were in the pill organizer containers that have each residents name on it. Since this is a problem, all medications from now on will be kept in →	

extra POC sheet 5/5/09 (meadows Care Home)

Tag V 923 continous..

— original containers for all residence who reside in this facility.

- all care givers made aware of this issue; care givers reinstructed to keep medications in its original containers starting today 5/6/09

- administrator will monitor compliance

- 5/6/09